

Case Number:	CM15-0190383		
Date Assigned:	10/02/2015	Date of Injury:	05/06/2011
Decision Date:	11/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on May 6, 2011, incurring hand and wrist injuries from repetitive motion. She was diagnosed with carpal tunnel syndrome and a mood disorder. Treatment included bracing, splinting, chiropractic sessions, home exercise program, psychotherapy, transcutaneous electrical stimulation unit, H-wave, physical therapy, neuropathic medications, pain medications, anti-inflammatory drugs, topical analgesic patches, and antidepressants. She stopped taking the neuropathic medications because she stated they caused weight gain and she discontinued pain medications due to memory loss and she noted she was unable to tolerate anti-inflammatory drugs. She reported 100% relief from the topical analgesic patches. She received 8 steroid injections for each wrist with moderate relief. She underwent left carpal tunnel release in December, 2011 and right carpal tunnel release in March, 2012. The treatment plan that was requested for authorization on September 25, 2015, included a prescription for Lidoderm 5% patch #30 with 1 refill. On September 25, 2015, a request for a prescription for Lidoderm patches was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm 5% patch #30 with 1 refill, per 9/21/15 order qty 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. There was mention of 100% pain relief with topical analgesics, but pain scores in past visits did not reflect this. The claimant was also on Tricyclics which can provide pain relief. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.